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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/758.050	01/14/2004	Daniel T. Wallace	017516-009410US	5107

TITLE OF INVENTION: PLATFORM LINK WRIST MECHANISM

APPLN, TYPE	SMALL ENTITY	ISSUR PER		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	21000	05/17/2006
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GIBSON, ROY DEAN		3739		606-001000		
CFR 1.363). Change of correspon Address form PTO/SB/I "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	te address or indication of "F dence address (or Change of 22) attached. nion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO I 8 an assignee is identified b in 37 CFR 3.11. Completion	Correspondence of a claim form 2 is a Customer 2 is	(1) the number agents (2) the near registered 2 registered isted, no i	ting on the patent front page, himse of up to 3 registered puter DR, alternatively, me of a single firm (having us a stronger or agent) and the name department attorneys or agents. If name will be printed. [(print or type)]	at attorneys 1 and and a second a second and	document has been filed for
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